

Roberto Durand
Name ESP. PO BOX-1989
Ely, N.V. 89301
#1078930
Prison Number

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

Roberto Durand, Plaintiff

Case No. _____
(Supplied by Clerk of Court)

**CIVIL RIGHTS COMPLAINT
PURSUANT TO
42 U.S.C. § 1983**

vs.
Moderna Tx. Com/patents,
Covid-19. Vaccine. EUA,
hrsa.gov/cicp,
_____,
_____,
_____,
Defendant(s).

A. JURISDICTION

1) This complaint alleges that the civil rights of Plaintiff, Roberto Durand,
(print plaintiff's name)
who presently resides at ESP. White pine County, were violated by

the actions of the below-named individuals that were directed against Plaintiff at

ESP. Ely, N.V. Whitepine County on the following dates:
(institution/city where violation occurred)
2019 on going, 1-30-20, 12-31-20, and 2021-1-1-21 on.
(Claim 1) (Claim 2) (Claim 3)

Make a copy of this page to provide the below information if you are naming more than five (5) defendants

2) Defendant Moderna, Inc. resides at Moderna, Inc./Patients, and is
(full name of first defendant) (address of first defendant)
employed as Covid19 Providers. This defendant is sued in his/her
(defendant's position and title, if any)
 individual official capacity. (Check one or both.) Explain how this defendant was acting
under color of law: State or federal officials Medical
Depts. Shall be liable to party injured By fed civil law 42 USC 1983

3) Defendant _____ resides at _____, and is employed as _____. This defendant is sued in his/her _____ individual _____ official capacity. (Check one or both.) Explain how this defendant was acting under color of law:

4) Defendant _____ resides at _____, and is employed as _____. This defendant is sued in his/her _____ individual _____ official capacity. (Check one or both.) Explain how this defendant was acting under color of law:

5) Defendant _____ resides at _____, and is employed as _____. This defendant is sued in his/her _____ individual _____ official capacity. (Check one or both.) Explain how this defendant was acting under color of law: _____

6) Defendant _____ resides at _____, and is employed as _____. This defendant is sued in his/her _____ individual _____ official capacity. (Check one or both.) Explain how this defendant was acting under color of law: _____

7) Jurisdiction is invoked pursuant to 28 U.S.C. § 1333(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional statutes, list them below.

B. NATURE OF THE CASE

8) Briefly state the background of your case.

My Case is on Covid-19. Vaccination Upon this 2. Administered Dose I Experienced Vaccine Out Break on my leg left side I placed all my Reactions to this Moderna Vaccine By fed program (icp) I will be Aloud my Compensation (2021) Was Administered then I Reported signs Automatic Antibiotics Prescribed for seeking Compensation.

C. CAUSE(S) OF ACTION

CLAIM 1

The following civil rights have been violated:

My 8th Amendment
of. USC "Fed. L.R. By Nell L.R." 42 USC 1983-
By FDA EUA(c)(p) Compensations By C(c)p) program.

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

My 8th Amendment is Violated my Rights
Also PER OP. 625. ADA Compliance OP. 432. Being
In BMU OP. 521. His Serious Medical need As
Corona Virus Came through I had my first
Vaccination I was okay Now 2. Administered
Covid-19 Moderna Vaccine made me Break out
With Red Dots, Allergies, fever, headache, Muscle pain or
Joint pains, My leg on Left side was swollen, Red dots
Every Where feeling like poison was flowing in Vains
I called Medical they left me in Cell, My Breathing, fast
Heart Beat, Also I was prescribed "Sulfa", Triamcinolone,
Capzasin, these are "Antibiotics" to treat this Covid-19. But
break or Side Affects, See Hutto v. Finney, 437 U.S. 678 (1978) So
My Serious Medical Needs As A Chronic Care patient Also See
Scott v. Ambani, 577 F.3d 642 (6th Cir. 2009) Spruill v. Gillis, 372 F.3d
218 (3d Cir. 2004) re OY v. Bachmeier, 302 F.3d 845 849 (8th Cir. 2002)
Estelle v. Gamble, 429 U.S. 97 103 (1976) Under U.S. Constitution I
Seek my Injury Compensation Program By C(c)p. EUA, No matter file.

CLAIM 2

The following civil rights have been violated:

1st Amendment of USC Fed Law procedures As
A Fed prisoner in State prison My Rights are violated

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

My physical disabilities See Bradley v. Puckett, 157 F.3d. 1022 (5th Cir. 1998) Fruitt v. Norris, 905 F.2d. 1147 (8th Cir. 1990) These Issues add up to be A Unconstitutional Act Palmer v. Johnson, 193 F.3d 346 (5th Cir. 1999) It's A Identifiable Harm Wilson v. Seiter, 501 U.S. 294, 305 (1991) Brock v. Wright, 315 F.3d. 158 (2^d Cir. 2003) Medical Plated A 90 Day Stay in Plus Medication Was given to me for Serious Side Affects I've Used Up Medication But still Kites for Refills thinking it was pills for my Chronic Care pain Issues I have Blood in Stuats and A Rash down to my Bottom feet I Broke out Everywhere As Fed. L.R. Civil procedures I need Intent, proof plus participation, On Medical Dept's See Hill v. Dekalb, Reg'l. Youth Det. Ctr, 40 F.3d. 1176, 1187 (11th Cir. 1994) P.R. Jett v. Penner, 439 F.3d. 1091, 1096 (9th Cir. 2006) Smith v. Carpenter, 316 F.3d. 178 (2^d Cir. 2003) Placing these Cases (115) (c)(p) EUA (115) FDA (DC) Vaxers Reporting Systems Covid-19. Are Underliability Claims, CICP, ReCompensation Program With Certain Medicines Vaccines I suffered my Injuries Also in past My Medical Care, Costs, Med Card As Compensation.

CLAIM 3

The following civil rights have been violated:

My 4th Amendment + 5th Amendment to U.S. Fed. CP. Also Nev. L.R. of State of N.V.
My Rights are Violated By Local State Federal Officials

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights.]

Held liable for my No Hospitalization Ad critical Med
Care "McCharen V. Sanders, 577 F.3d 974 (8th Cir. 2009) Johnson
V. Doughty 433 F.3d 1001 (7th Cir. 2006) Under Due Process of law
See, Myers V. Hundle, 101 F.3d 542 (8th Cir. 1996) Lewis V. Case, -
PLRA, Coleman V. Rahija, 116 F.3d 778 (8th Cir. 1997) Smith V. Wade
461 U.S. 30 (1983) Siggors V. El-Barlow, 433 F. Supp. 2d 811 (E.D. Mich. 2006)
Actual Injury Steeleody V. Weber, 256 F.3d 764 (8th Cir. 2001) Also A
New Screening Order AS Policies Seeking my Care Distrust
Control Policies of Prisons I Alert my Rights Under Our
Constitution By Placing (42 USC. 1983) on Moderna,
Nqtx.com, patents Covid-19 Virus Brought me serious Med.
Chronic Care Issue With Intestinal problems Also my
Immune System I have kites showing pills given to me
By Medical Name and Also Our Staffing Was taken out of our
Facility So caused my stay in prison longer Liberty Interests
My Complaint For (42 CP) Compensation to Intervene
Provide me my Fed. Rights on Expensis Medical Card to
Overlook my Civil Lawsuit, Notify FDA. Of U.S. On Record for file.

9) Have you filed other actions in state or federal courts involving the **same or similar facts** as involved in this action? Circle one: Yes or No. If your answer is "Yes," describe each lawsuit. (If more than one, describe the others on an additional page answering the following questions.)

a) Defendants: Durand V State of N.V.

b) Name of court and docket number: District Court of Reno N.V.

c) Disposition (for example, was the case dismissed, appealed or is it still pending?):
Pending

d) Issues raised: Excessive use of force

e) Approximate date it was filed: 1-2-20

f) Approximate date of disposition: _____

10) Have you filed an action in federal court that was dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted? Circle one: Yes or No. If your answer is "Yes," describe each lawsuit. (If you had more than three actions dismissed based on the above reasons, describe the others on an additional page answering the following questions.)

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim:

a) Defendants: _____

b) Name of court and case number: _____

c) The case was dismissed because it was found to be (circle one): (1) frivolous;
(2) malicious; or (3) failed to state a claim upon which relief could be granted.

d) Issues raised: _____

e) Approximate date it was filed: _____

f) Approximate date of disposition: _____

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (circle one): (1) frivolous; (2) malicious; or (3) failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (circle one): (1) frivolous; (2) malicious; or (3) failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

D. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

Money Damages, Also
Punitive Damages, Declaratory Judgment
Tax Returns, Pensions, License to operate, or Medical Card
Card for my Expenses, Costs, (COP) program is Insured
By Fed program A Medical Plan By Modernatx.com AS
this claim is serious, Compensation is only
Resolution to "Covid 19. Virus" A \$1500, Million, Case.

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

Roberto Durand

(name of person who prepared or helped
prepare this complaint if not the plaintiff)

Roberto Durand

(signature of plaintiff)

8-16-21

(date)

FINANCIAL CERTIFICATE

I request that an authorized officer of the institution in which I am confined, or other designated entity, such as Inmate Services for the Nevada Department of Prisons (NDOC), complete the below Financial Certificate.

I understand that:

(1) if I commence a petition for writ of habeas corpus in federal court pursuant to 28 U.S.C. § 2254, the filing fee is \$5.00, and that such fee will have to be paid by me if the court denies my *in forma pauperis* application;

(2) if I commence a civil rights action in federal court pursuant to 42 U.S.C. § 1983, the filing fee is \$402.00 (which includes the \$350 filing fee and a \$52 administrative fee), which I must pay in full; and

(a) if my current account balance (line #1 below) is \$402.00 or more, I will not qualify for *in forma pauperis* status and I must pay the full filing fee of \$402.00 before I will be allowed to proceed with the action;

(b) if I do NOT have \$402.00 in my account as reflected on line #1 below, before balance (line #2 below), or the average monthly deposits to my account (line #3 below), is greater, and thereafter I must pay installments of 20% of my average monthly account in months that my account balance exceeds \$10.00 (if I am in the custody of the NDOC, I hereby authorize the NDOC to make such deductions from deposits to my account, and I further understand that if I have a prison job, then the 20% of my paycheck that is guaranteed to me as spendable money will be sent to the court for payment of the filing fee); and

(c) I must continue to make installment payments until the \$350.00 filing fee is fully paid, without regard to whether my action is closed or my release from confinement. The \$52 administrative fee will be waived only if I am granted permission to proceed *in forma pauperis*.

Type of action (check one): civil rights
Robert Durand
 INMATE NAME (printed)

B. Durand #1078930
 habeas corpus
 SIGNATURE & PRISON NUMBER

1. CURRENT ACCOUNT BALANCE
 2. AVERAGE MONTHLY BALANCE*
 3. AVERAGE MONTHLY DEPOSITS*
 4. FILING FEE (based on #1, #2 or #3, whichever is greater)

* for the past six (6) months, from all sources, including amount in any savings account that is in excess of minimum amount that must be maintained

I hereby certify that as of this date, the above financial information is accurate for the above named inmate.
 (Please sign in ink in a)
 (color other than black.)

DATE

6/18/21

Attn
 AUTHORIZED OFFICER

Acct Tech II

TITLE

ISP LAW
 MAY 25 2021